



COMPOSITE HEALTH CARE SYSTEM

“The Legacy Continues...”
Clinical Data Analyst



Womack Army Medical Center, Fort Bragg, NC
May 2008



Agenda

■ Part 1 - CHCS

- CHCS Legacy Continues...
- CHCS File and Process “Secrets Revealed”
- CHCS Support for Data Quality

■ Part 2 - Ambulatory Data Module (ADM)

- ADM/AHLTA Data Flow, Processes and Errors... Oh My!

Brief Notes:



- **Hyperlinks** can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View
- See Notes View for Additional Details and Business Rules
- The data is real, only the names have been changes to ensure compliance with HIPAA Protected Health Information (PHI)
- Re-use of any charts, graphics or animations - Encouraged!



Course Objectives

- **Managing Data Quality in CHCS:**
 - Identify key files in CHCS that must be maintained to support Data Quality
 - Highlight capabilities and Business Rules in CHCS that support and/or impact Data Quality
 - Identify data flows and processes required to ensure Data Quality
 - Who needs to be on Your Team?

- **Where to locate Information Resources...**



Tri-Service Web Sites

WEB SITE	LINK (Verified as of 6 May 2008)
CHCS Courses & Downloads <ul style="list-style-type: none"> Web Based & Virtual Classroom 	https://mhslearn.csd.disa.mil * CAC Log-In
CHCS Data Management* <ul style="list-style-type: none"> User Guides, Release Notes Interface Documentation 	http://www.chcs-dm.com/DM4CHCS/default.html
TMA Data Quality Management Control Program Training	http://tricare.osd.mil/ocfo/mcfs/dqmcp/training.cfm
Post Deployment Health Toolbox <ul style="list-style-type: none"> Algorithms & Coding Guides 	http://www.pdhealth.mil/guidelines/toolbox.asp
TRICARE Operations Center <ul style="list-style-type: none"> Access to Care Template Analysis Enrollment Status Reports 	http://mytoc.tma.osd.mil/#
MEPRS Early Warning and Control System (MEWACS)	http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm
Uniform Biostatistical Utility <ul style="list-style-type: none"> Coding Guidelines and Updates 	http://www.tricare.osd.mil/org/pae/ubu/default.htm * Password Required

* See your CHCS Site Manager for Access to MHS Population Health



Service Web Sites

WEB SITE	LINK (Link Verified as of 6 May 2008)
Army Knowledge On-Line*: <ul style="list-style-type: none"> AHLTA Updates & Template Team Links to AF AHLTA Site 	Log On to AKO & Follow Link: https://www.us.army.mil/suite/page/406
OTSG Decision Support*: <ul style="list-style-type: none"> Portal to All AMEDD Metrics/Data 	https://ke2.army.mil/otsg/main.php?cid=57
Army PASBA*: <ul style="list-style-type: none"> DQ Metrics & Coding Support Coding VTC Presentations 	https://pasba3.amedd.army.mil (AKO login required)
Army MEPRS Program Office: <ul style="list-style-type: none"> All things MEPRS and FAQs 	http://ampo.amedd.army.mil/
NMC Portsmouth "Nuggets" <ul style="list-style-type: none"> CHCS & AHLTA "How To's" & SOPs Must See!! 	http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp
Navy AHLTA Resource Center <ul style="list-style-type: none"> Video Demo Encounter Data Role Based Training 	http://www.navyahlta.com/choose-mtf.asp?s=466324380
*AKO Password Required	



Best of the Web

WEB SITE	LINK (Verified as of 6 May 2008)
American Medical Association CPT Code Look-Up <ul style="list-style-type: none">▪ Look-Up by Code or Keyword▪ Includes Medicare RVU & Payment▪ Lists CPT Assistant References	https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp?checkXwho=done
Uniformed Services Academy of Family Physicians CHCS/AHTLA Support <ul style="list-style-type: none">▪ AHTLA Pearls and Updates▪ Training Links	http://www.usafp.org/AHTLA-Information-FAQs.html#Training
ICD-9 Flash Coder/ICD-9 On-Line <ul style="list-style-type: none">▪ ICD-9 Code Look-Up Tables▪ Related DRGs▪ Billable Indicator	http://www.icd9coding1.com/flashcode/home.jsp http://icd9cm.chrisendres.com/index.php?action=contents http://coding.modernmedicine.com/
Physician Practice Tools <ul style="list-style-type: none">▪ E&M Coding Benchmarks	http://www.physicianspractice.com/index/fuseaction/tools.main.htm
Sample Size Calculator	http://www.custominsight.com/articles/random-sample-calculator.asp



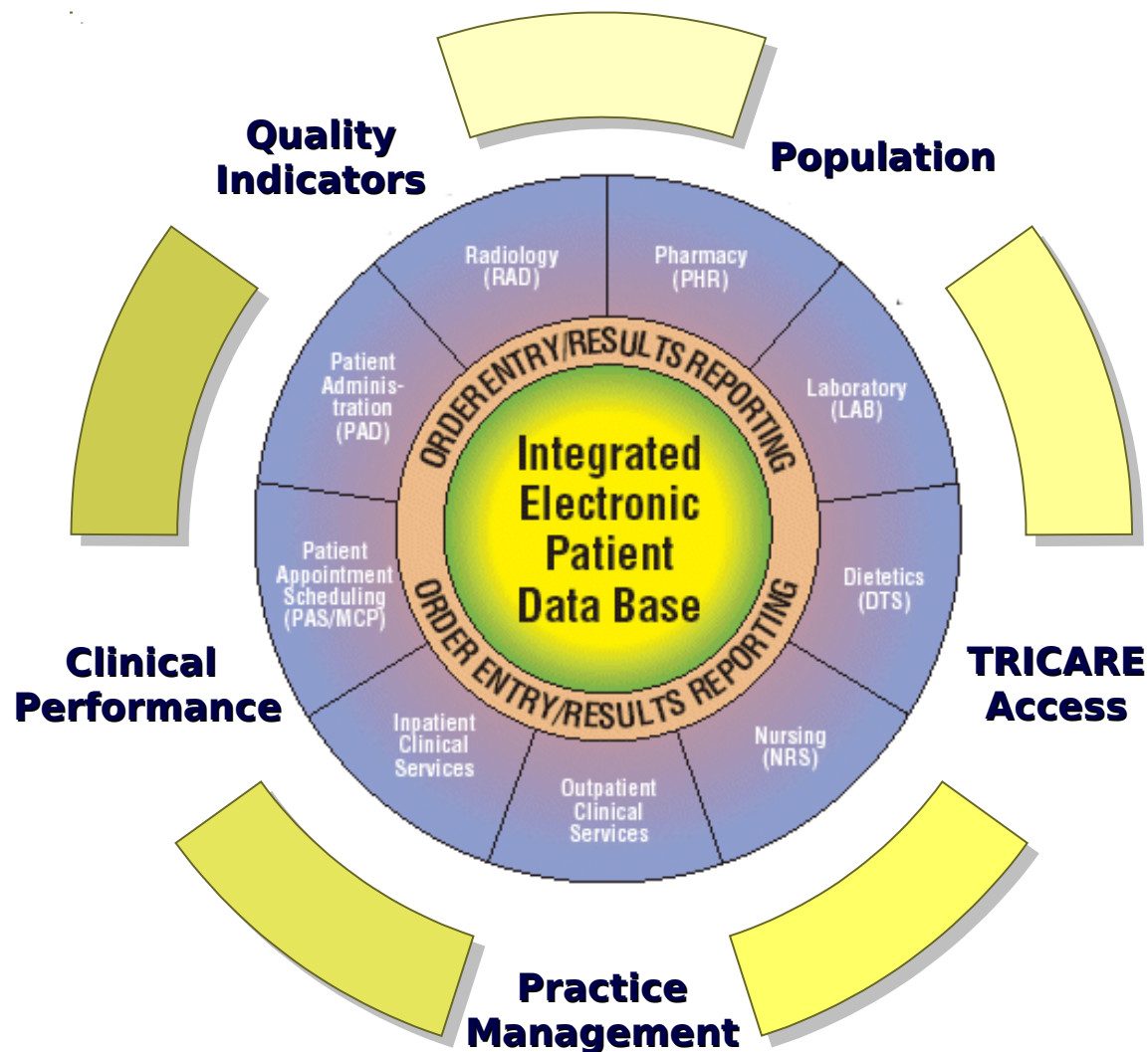
Why the Focus?

- **Standardize data collection methods**
- **Measure productivity/efficiency**
- **Forecast demand for services**
- **Establish performance benchmarks**
- **Identify trends and utilization**
- **Calculate costs of services**
- **Assess and improve quality of services:**
 - **Access to Care**
 - **Standard of Care**
 - **Population Health**
 - **Military Related Illness/Injuries**
 - **Clinical Practice Guidelines**
 - **Outcomes**





Data Capabilities





Since 1992...

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
 - 100+ Individual CHCS Host Platforms
 - Supporting over 500 Military Treatment Facilities (MTFs)
- **Interfaces with more than 40 Clinical & Administrative systems:**
 - AHLTA - Department of Defense Electronic Medical Record (EMR)
 - Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)
 - Resources - Expense Assignment System (EAS)
 - Billing - Third Party Outpatient Collections System (TPOCS)
 - Pharmacy - Pharmacy Data Transaction System (PDTS)
- **Standard tables for data consistency:**
 - ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)
 - CPT/HCPCS (Outpatient Procedures and Services/Supplies)
 - Provider Medical Specialty->HIPAA Provider Taxonomy
 - CHAMPUS Maximum Allowable Charge (CMAC-OIB) Table
 - NATO STANAG (2050), Federal and DoD standard tables
- **Site defined files for MTF operations**
- **Standard and Ad-Hoc Reports**





A Day at Womack AMC...



Clinic Visits	3,360
Babies Born	9
Beds Occupied	94
Surgical Procedures	29
X-rays, CT Scans and MRI's	848
Pathology Procedures	2,630
Prescriptions Filled	7,019
ER Encounters	170

Data Source: CHCS



It's Not Easy Being Green!

November 2007 (September FY 2007 Data Sources) DQMC Command TMA Summary Sheet

NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter a Color Code: Green (95-100), Yellow (80-94), Red (79 and below); except 8e Green

QUESTION KEY:

1. In the reporting month:

- What percentage of clinics have complied with "End of Day" processing requirements.
 - What percentage of appointments were closed in meeting your "End of Day" processing requirements.
2. IAW legal and medical coding practices have all the following occurred:
- % of Outpt. Encounters (non-APV) coded within 3 business days of encounter
 - % of APVs coded within 15 days of encounter
 - % of Inpt records coded within 30 days after discharge

3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"

- Monthly EAS/MEPRS financial reconciliation process was completed, validated, and
- Monthly Inpt. and Outpt. workload reconciliation processes completed
- Were the data load status, outlier/variance, VWR-EAS IV, & Alloc. Tabs in MEVACS reviewed and anomaly explanations given

4. Compliance with TMA or Service guidance for timely submission of data

- MEPRS/EAS
- SIDR/CHCS
- VWR/CHCS
- SADR/ADM

5. Outcome of monthly inpatient coding audit

- Inpatient Records (DRG)
- Inpatient Professional Services Rounds encounters E & M codes audited and deemed correct
- Inpatient Professional Services Rounds encounters ICD-9 codes audited and deemed correct
- Inpatient Professional Services Rounds encounters CPT codes audited and deemed correct

6. Outpatient Records

- Is the documentation of the encounter selected to be audited available?
- % of E&M codes deemed correct
- % of ICD-9 codes deemed correct
- % of CPT codes deemed correct
- % of completed & current DD Form 2569s is available for audit
- % of available, current, and complete DD Form 2569s is verified to be correct in Patient

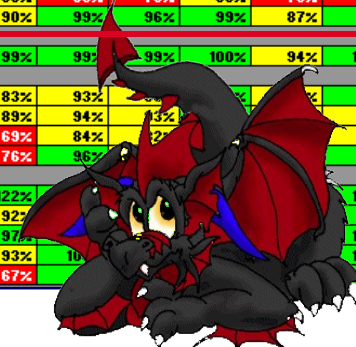
7. Ambulatory Procedure Visits (APV)

- Is the documentation of the encounter selected to be audited available?
- Not Applicable
- % of ICD-9 codes deemed correct (APV)
- % of CPT codes deemed correct (APV)
- % of completed & current DD Form 2569s is available for audit
- % of available, current, and complete DD Form 2569s is verified to be correct in Patient

8. Comparison of reported workload data

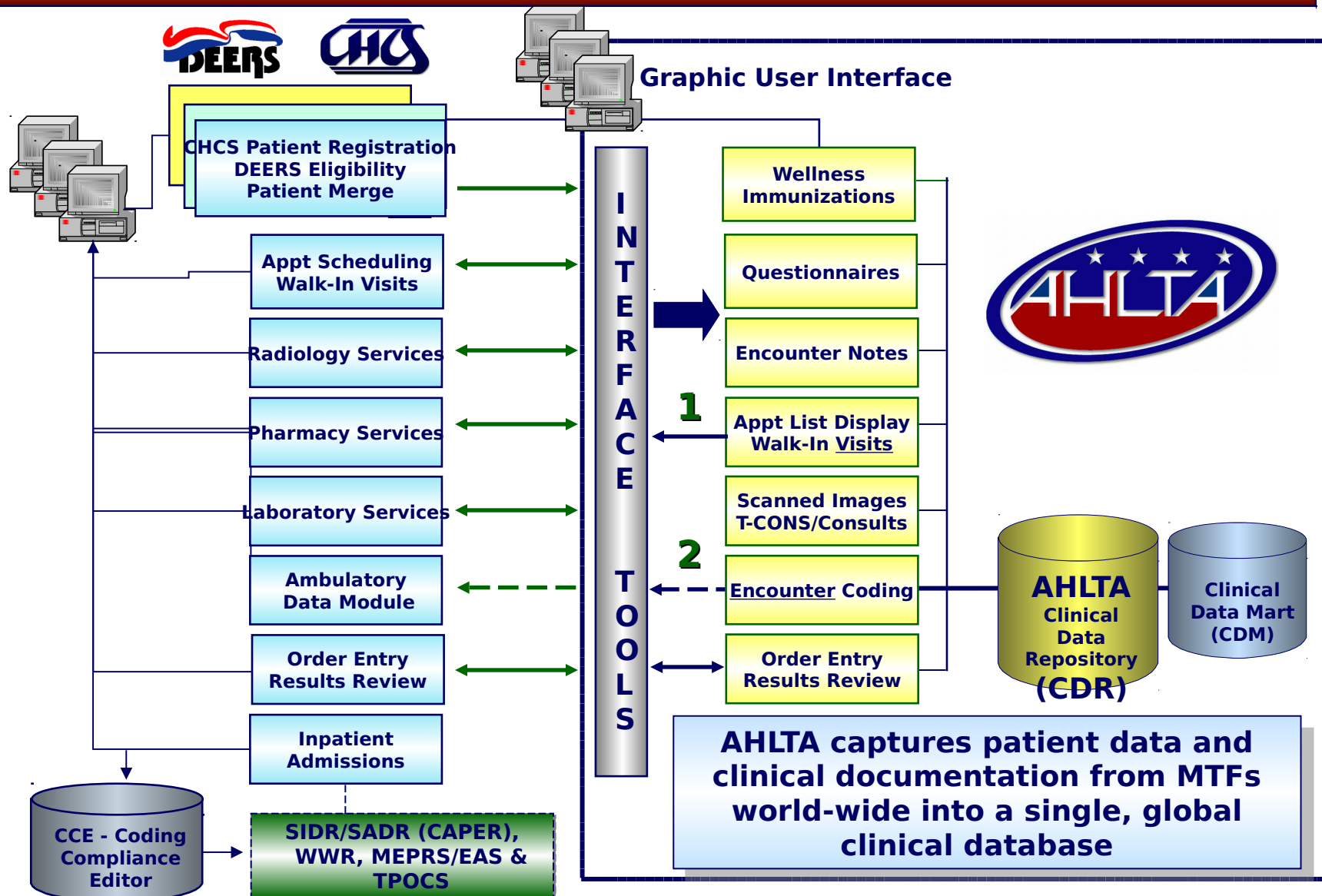
- SADR encounters/# VWR visits
- SIDR dispositions/# VWR dispositions
- EAS visits/# VWR visits
- EAS dispositions/# VWR dispositions
- Inpatient Professional Services Rounds SADR encounters (A**)/# SUM VWR (To

Percent Compliant				Percent Compliant				Percent Compliant				Percent Compliant			
Aug-07	Aug-07	Aug-07	Aug-07	Sep-07	Sep-07	Sep-07	Sep-07	Oct-07	Oct-07	Oct-07	Oct-07	Nov-07	Nov-07	Nov-07	Nov-07
Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg
98%	96%	94%	96%	98%	97%	96%	97%	97%	97%	93%	96%	98%	97%	94%	97%
100%	99%	99%	99%	99%	99%	99%	99%	99%	99%	98%	99%	100%	99%	99%	99%
92%	95%	93%	93%	92%	93%	92%	92%	92%	94%	92%	93%	90%	91%	90%	91%
93%	82%	82%	86%	95%	84%	82%	87%	94%	83%	79%	85%	95%	85%	80%	80%
90%	95%	95%	93%	95%	88%	85%	89%	96%	90%	97%	94%	94%	88%	88%	88%
67%	95%	61%	74%	67%	93%	61%	74%	67%	97%	61%	75%	64%	96%	64%	64%
81%	96%	71%	83%	86%	95%	71%	84%	86%	97%	75%	86%	81%	96%	75%	75%
92%	97%	100%	96%	94%	96%	96%	96%	92%	97%	100%	96%	92%	96%	100%	96%
58%	91%	54%	67%	56%	82%	54%	64%	61%	91%	54%	68%	58%	88%	61%	61%
96%	100%	100%	99%	88%	94%	95%	92%	100%	100%	95%	98%	100%	100%	95%	95%
97%	100%	100%	99%	100%	100%	100%	100%	100%	93%	100%	98%	100%	97%	0%	0%
98%	99%	100%	99%	99%	99%	100%	99%	99%	93%	99%	97%	100%	97%	100%	100%
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94%	97%	95%	95%	90%	79%	93%	87%	89%	81%	93%	88%	89%	82%	96%	96%
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90%	97%	93%	93%	88%	86%	98%	91%	87%	86%	93%	89%	90%	85%	92%	92%
100%	95%	100%	98%	100%	95%	100%	98%	100%	94%	100%	98%	100%	93%	100%	100%
88%	87%	76%	84%	82%	87%	76%	82%	85%	86%	82%	84%	85%	85%	78%	78%
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99%	90%	93%	94%	97%	91%	90%	92%	99%	90%	99%	96%	99%	87%	96%	96%
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92%	87%	96%	92%	95%	86%	95%	92%	94%	83%	93%	93%	93%	93%	96%	96%
95%	92%	94%	94%	96%	90%	96%	94%	96%	89%	94%	93%	93%	94%	94%	94%
94%	69%	85%	83%	96%	68%	84%	83%	92%	69%	84%	92%	92%	91%	91%	91%
99%	85%	92%	92%	99%	76%	90%	88%	100%	76%	96%	96%	96%	96%	96%	96%
107%	121%	107%	112%	107%	122%	108%	112%	107%	122%	107%	122%	107%	122%	102%	102%
91%	94%	100%	95%	96%	92%	99%	96%	96%	92%	96%	92%	96%	92%	98%	98%
64%	93%	96%	84%	61%	94%	98%	84%	61%	97%	61%	97%	61%	97%	100%	100%
68%	88%	100%	85%	64%	100%	100%	88%	64%	93%	64%	93%	64%	93%	100%	100%
78%	74%	86%	79%	77%	72%	85%	78%	80%	67%	80%	67%	80%	67%	80%	84%





Integrated Capabilities





DQ Building Blocks

MTF Managed Files:

1. User File

- Who is authorized to access CHCS/AHLTA
- Access Levels defined by Security Keys

2. Patient File

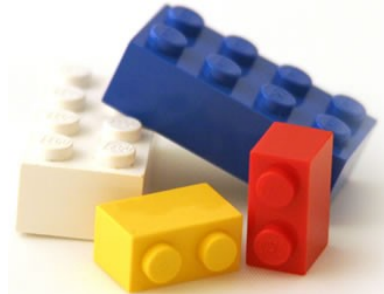
- Unique identification of persons in the CHCS database
- Registration in a CHCS Host is required for the patient to be processed in AHLTA as a Walk-In or for Ancillary Order Entry

3. Provider File

- Unique identification of both Direct Care and External Civilian Providers
- Key elements include Medical Specialty->HIPAA Taxonomy
- Clinical Ordering Privileges (CHCS/AHLTA)

4. Hospital/Clinic Location File

- Identifies types of Services provided and where they are performed:
 - Inpatient Wards, Ambulatory Procedure Visits (APVs), Outpatient Clinics, Ancillary (LAB, RAD and Rx), Admin Areas/File Rooms, Special Programs, etc.
- Linked to Functional Cost Codes (FCCs)





DQ Building Blocks

MTF Managed Files:

4. Schedule Entity File

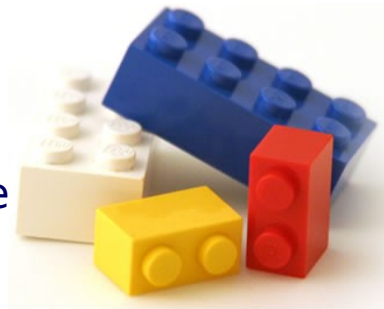
- Holds Schedule Templates for Clinic Appointments
- Data purged from CHCS after 90-120 Days

5. Patient Appointment File

- Contains Clinic and Radiology Appointments
- Updates AHLTA with Scheduled Appointments
- Key elements needed for Workload Reporting
- Appointment Status updated by AHLTA:
 - PENDING KEPT, WALK-IN, S-CALL, TEL-CON, OCC-SVC, LWOBS, CANCEL, NO-SHOW and ADMIN
- Used to report Visit Workload

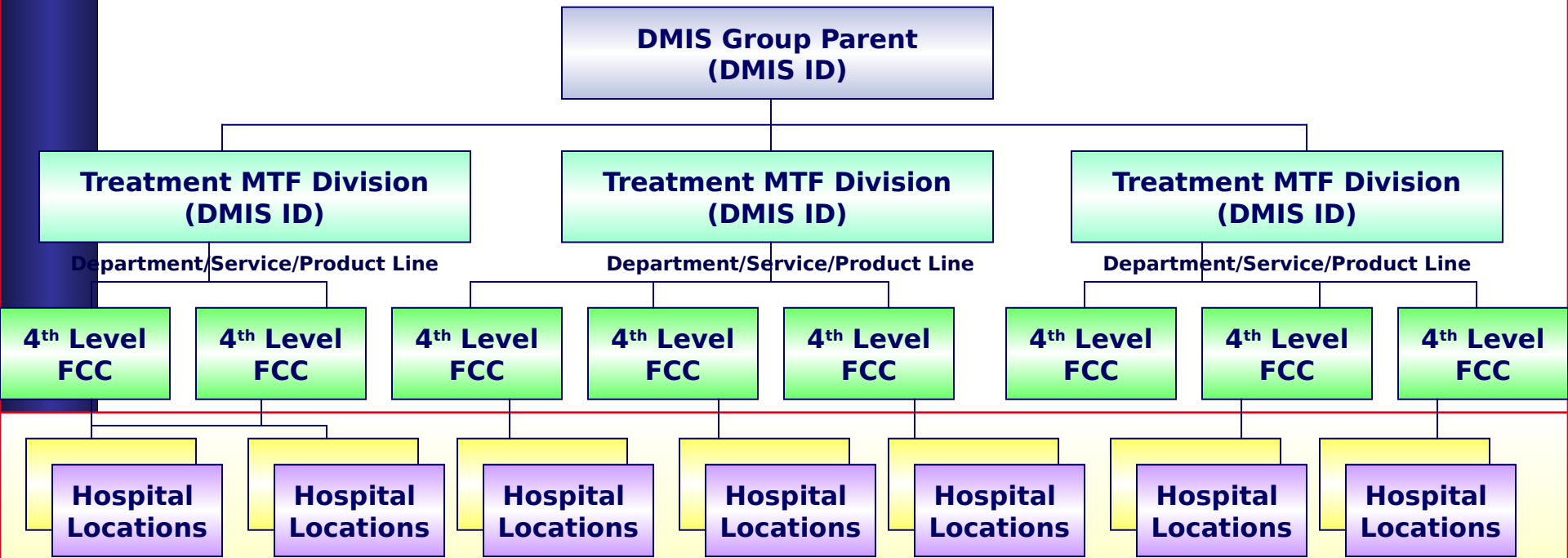
6. KG ADC Data File (Encounter Coding)

- Encounter Coding and Services provided for:
 - Outpatient, APV, Observation and Inpatient Attending Professional Rounds
- Data entered into CHCS Ambulatory Data Module (ADM) or from AHLTA Encounter documentation and coding
- Used to capture clinical Encounter data needed for Billing, Measuring Performance, Productivity, Services and Quality Measures/Outcomes





DQ Structure



- **MTF Workload is captured and reported by:**
 - Group Parent Defense Medical Information System (DMIS ID)
 - Treatment MTF DMIS ID
 - 4th Level MEPRS Code - Functional Cost Code (FCC)
 - Department/Service (Product Line) and Hospital Location
- **Hospital Locations “Places of Care” support MTF activities/services such as:**
 - Managed Care (Primary Care Manager) Teams
 - Wards, Clinics, Ambulatory Procedure Units, Ancillary Services, File Rooms, External Locations, etc.



Hospital Location

- Multiple Hospital Locations may be linked to the same 4th level FCC
- Used by AHLTA to map Assigned Clinic Locations with Clinic Appointment List Displays

GRP	MTF	FCC	CHCS DEPT/SERVICE/LINE	CLINIC LOCATION NAME	WKLD TYPE	FCC DESCRIPTION
0089	0089	BGAA	FAMILY MEDICINE SERVICES	FAMILY PRACTICE T-CON	NON-COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM SPORTS MEDICINE	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM DUTY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM HONOR	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM INTEGRITY	COUNT	WAMC FAMILY MEDICINE
0089	0089	BGAA	FAMILY MEDICINE SERVICES	WFM-TEAM RESPECT	COUNT	WAMC FAMILY MEDICINE
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-BLUE TEAM	COUNT	JOEL HEALTH CLINIC
0089	7286	BGAN	FAMILY MEDICINE SERVICES	JHC-RED TEAM	COUNT	JOEL HEALTH CLINIC
008	728					



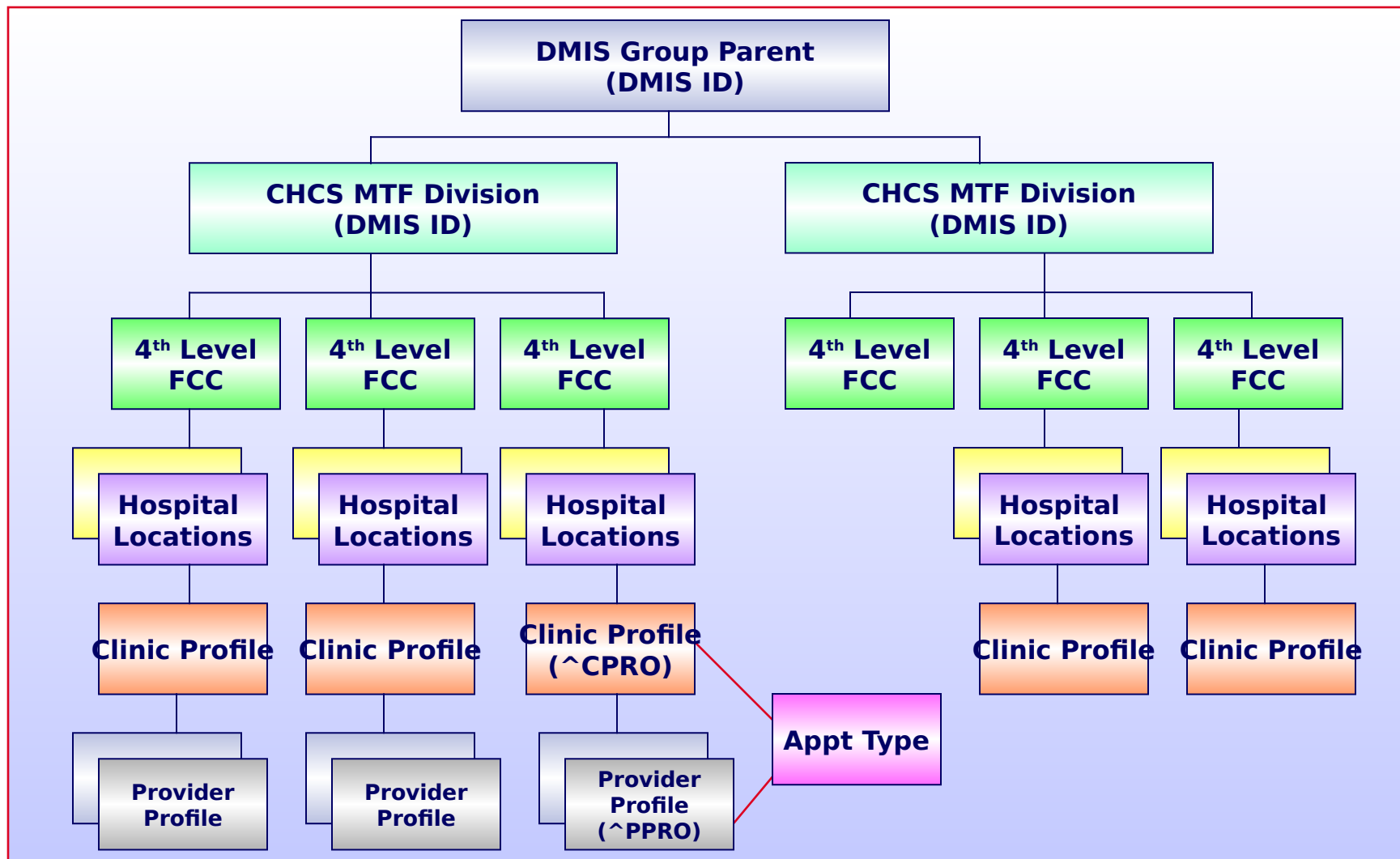
Clinic Profile

- **Establishes Workload Type for the Clinic:**
 - Count
 - Non-Count
- **Non-Count Locations cannot have Count Visits:**
 - Immunization Clinic
 - Nurse T-CON Clinic
- **Establishes Appointment Types for the Clinic:**
 - Count (ACUT/ACUT\$, WELL/WELL\$, ROUT/ROUT\$, T-CON*, etc.)
 - Non-Count (RN T-CON Clinic Location)
- **AHLTA supports the Workload Flag set by CHCS by:**
 - Clinic Type
 - Appointment Types within the Provider Profile (PPRO¹⁷)





Linking It All Together



Provider Profile identifies Clinic Locations where the Provider sees Patients and valid Appointment Types 18



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[Home](#) > [Education and Research](#) > [Computer Training](#) > [CHCS](#) > **CHCS Nuggets**

ALL personnel MUST be entered into the Clinic's PPRO file prior to attending AHLTA training! See your PAS Supervisor to ensure compliance! Call 95



CHCS
NUGGETS

CHCS NUGGETS are intended to provide information that will answer specific questions.

Select (click-on) one of the CHCS topics listed below. Consider printing the information you need most often.

[Access/Verify Codes](#)
[Ambulatory Data Module \(ADM\)](#)
[Appointment Booking](#)
[CHCS Access](#)
[CHCS Mailman](#)
[AHLTA "NUGGETS"](#)
[Clinical Desktop](#)
[Consults](#)
[Emergency Room Process](#)
[Front Desk Functions](#)
[Laboratory Functions](#)

[Managed Care Reports](#)
[Medical Records](#)
[Clinical Orientation \(Nurse Orders\)](#)
[Patient Registration](#)
[Profiles](#)
[Provider Orders](#)
[Radiology Functions](#)
[Reference Information](#)
[Results Retrieval](#)
[Schedules](#)
[Templates](#)



Provider File

■ Key Elements:

- **Provider ID (Short Name)**
 - Can be changed upon Provider Name change
 - Typically 5 characters of Last Name plus 1-2 Characters of First Name
- **National Provider ID**
- **Provider Class**
 - Locally defined Provider Type
 - » Physician, Resident, Pharmacist, Clinical Nurse, Student, Technician, etc.
- **Provider Signature Class**
 - Establishes Provider Privileges for Ancillary Order Entry
 - AHLTA uses the Signature Class = NURSE to support RN T-CONS
- **Medical Specialty->HIPAA Taxonomy->CMAC Class**
- **Associated Clinic Locations (Where they see patients)**
- **Active AHLTA Account (Yes/No)**



See Notes View for Provider File Business Rules



Provider File Elements

CHCS Menu Path

DAA Data Administration Menu
CFT Common Files and Tables Management Menu
CFM Common Files and Tables Maintenance Menu
-> PRO Provider File Enter/Edit

PROVIDER: QUIRT,RICHARD

Name: QQQTEST,PROVIDER
Provider Flag: PROVIDER
Provider ID: QQQTESTP
Provider Class: PHYSICIAN
SSN: 000-99-9999

Select PROVIDER SPECIALTY:

FAMILY PRACTICE PHYSICIAN (001)

FAMILY PRACTICE/PRIMARY CARE (923)

Primary Provider Taxonomy: 207Q00000X

CMAC Provider Class: 01 - MEDICAL

Select PROVIDER TAXONOMY:

207Q00000X

Location: DQ FAMILY PRACTIC

HCP SIDR-ID: 001289

Branch of Service: US NAVY

Rank: CAPTAIN

Active CHCS II Account: YES

Select ASSOCIATED CLINIC:

DQ FAMILY PRACTICE

MEDICAL EXAMINATION CLINIC

- **Provider Class determines Ancillary Order Entry Privileges**

- **AHLTA uses the Signature Class = NURSE for RN T-CONS to assign the 99499 E&M Code "Placeholder"**

- **All Direct Care Providers MUST have a Direct Care Medical Specialty <=905**

- **FY 07 data requires a valid Medical Specialty to be Relative Value Units (RVU) to be "credited"**

- **When Provider Medical Specialty is changed, the HIPAA Taxonomy must be manually updated**



<=905 and >910 - Explained

CHCS Fileman View: (FM->IFE->PROVIDER)

Below is how CHCS “sees” the Provider Specialty entries and uses them in the SADR. CHCS will populate the SADR with the 1st entered Specialty, rather than the one that represents Direct Care (Specialties <905).

When entering Provider Specialties enter the lower number 1st. (The one <=905). Then the correct Specialty will be in the SADR and sent to M2. Then enter the Specialty >910 to support Health Care Finder/Managed Care.

NAME: MORTNNNNN,MNNN E
CLASS: NURSE PRACTITIONER
LOCATION: CLARK TEAM
DEPARTMENT ID CODE: FAMILY PRACTICE DEPT
PROVIDER ID: MORTMARE
CLINIC ID: CLARK TEAM
PROVIDER SPECIALTY(S): 923
PROVIDER SPECIALTY(S): 604
HIPAA TAXONOMY: 363LP2300X

NAME: PLATNNN,KYNNNN E
LOCATION: OBSTETRICS-WAMC
DEPARTMENT ID CODE: OB/GYN DEPT
PROVIDER ID: CLINIC ID
PROVIDER SPECIALTY(S): 964
PROVIDER SPECIALTY(S): 927
PROVIDER SPECIALTY(S): 154
HIPAA TAXONOMY: 207V00000X

- **This resulted in the Provider NOT being credited with RVU until updated in CHCS**
- **Enter the lowest Provider Specialty FIRST!**
- **Establish an MTF process to identify and correct in CHCS:**
 - ✓ **Use the M2 DQ report**
 - ✓ **Update Provider Profile in CHCS**
 - ✓ **Modify and re-file affected ADM Encounters and manually update HIPAA Provider Taxonomy in ADM**



Provider File “Team”

- **IMD/Data Admin:**
 - Creates CHCS User Account
- **Credentials:**
 - Creates Provider File Entry in CHCS
 - Enters Medical Specialty/HIPAA Taxonomy
 - Enters Class/Signature Class
- **Clinical/Operations:**
 - Enters/Updates RN & Tech Provider Records
- **MCP Network Manager:**
 - Sets PCM Flag
 - Manages PCM Capacity
- **Clinic Managers/Appt Supervisors**
 - Clinic Profile Entry/Updates (^CPRO)
 - Provider Profile Entry/Updates (^PPRO)
 - Assigned Clinic Locations needed for AHLTA
- **IMD (System Admin, Security and Training)**
 - Security Clearance
 - Network Access
 - CHCS/AHLTA Account Transfer and Training
- **MEPRS/UCAPERS**
 - Provider Type->Skill Type
 - Name Match with CHCS (Based on DEERS/CCQAS Provider Name)
 - Pay Grade
 - Location Assigned
- **Locally Developed Form(s) designed and utilized to standardize processes**



WAMC Staff From Left to Right:

Mr. Rolland Raymond (MCP Network Mgr)
Mr. Willis Sullivan (Retired)
Mr. John Rehder (Data Admin/CHCS “Guru”)
Ms. Charlene Colon (Mgmt Analyst)
Mr. Sam Pierce (Mgmt Analyst)



“Secrets Revealed”



and YOU

Data

Teaming up for
Quality





Best Kept Secret! - OLUM

- **CHCS On-Line Users Manual (OLUM)**
- **Electronic documentation and index of CHCS Functions and Reports**
- **Accessible by ALL CHCS Users:**
 - **Type OLUM** (from any Menu display in CHCS)
 - **Select IND to access the OLUM Index**
 - **Select CHCS Sub-System (Scroll Down for Data Admin and Ad-Hoc Users Guides)**
 - **Browse or Find topic of interest such as “Monthly” or “Hospital Location”**
- **Link to OLUM.wmv**



Patient Registration

- Patient **MUST** be registered in the CHCS Host Platform to be able to be used in AHLTA
- Performs checks to help prevent creation of duplicate patients
 - Double entry to confirm Sponsor SSN
- Requires the Fileman “&” (Ampersand) key to enter new patients
- Performs DEERS query to obtain Enterprise Person ID, Eligibility Status and “Lock Down” key person identifiers
 - Enterprise Person ID is key to correlating patient data in AHLTA
- Allows Pseudo-Individual SSNs (800-YY-MDDD)
 - Assign responsibility for updating Pseudo SSNs
- Allows users with Full or Mini-Registration access to update:
 - Address and Contact Information
 - Outpatient Medical Records Location
 - Patient Category - to identify beneficiary relationship to the MHS
 - Station/Unit ID - MTFs can create locality specific Unit ID Table



Tools you can use: (See Patient Registration)

<http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp>



Mini-Registration

Patient: COLON, CHARLENE C Mini Registration
FMP/SSN: 20/ 6105 DOB: 23 PATCAT: N22 Sex: F

Patient: COLON, CHARLENE C DOB: 23
PATCAT: N22 (USN RES INACT DUTY TRG) FMP: 20
Home Phone: 910 W: 910907 SSN: 6105
Patient Addr: WISTERIA LANE UNIT Sex: FEMALE
City: FAYETTEVILLE St/Cntry: NC Zip: 28314
Sponsor: COLON, CHARLENE C Service: NAVY
FMP: 20 Sex: FEMALE Sponsor SSN: 6105
PATCAT: N22 (USN RES INACT DUTY TRG) DOB:
Command Sec: Rank: LIEUTENANT COMMANDER
Local UIC: NO LONGER ELIGIBLE (NOELIG)
Duty Address:
City: St/Cntry: Zip:
Duty Phone: 910 DSN:

O/P Rec Loc:

- Key person identifier elements “synched” with DEERS are “Locked Down”
- MTF Staff are responsible for Patient Category updates for Billing and Workload Reporting
- Updates to Demographics and Contact Information must be made in CHCS
- CHCS entered Demographics and Contact Information updates will update AHLTA
- Consider using Home Phone as Preferred Method of Contact



DEERS Address Updates

- **Do not use % * ~ ? [] { } in the address field**
- **Enter complete Phone Number including Area Code**
- **Rules for CHCS/DEERS Address Updates:**
 - CHCS requests eligibility data from DEERS, for NEW Registrations
 - Address information from DEERS is downloaded into CHCS
 - A date/time stamp is associated with the address update
 - If the patient is found in DEERS, the DEERS Patient ID is downloaded to the CHCS patient file
 - When the address is updated on CHCS, DEERS is updated, ONLY IF there is a DEERS Patient ID in CHCS - without this ID DEERS can't make a match and update CHCS
 - When DEERS receives update message, it compares the address update date/time to whatever date/time is on file in DEERS. If the message from CHCS isn't "fresher" than the data on file, it is dropped

After the initial registration, CHCS does not automatically update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data



Duplicate Patients

- **CITPO/AHLTA Advisory (July 2007) identified duplicate patients in CHCS as a key concern, requiring a Risk Mitigation Strategy**
- **MHS policy is being developed to delineate accountability through actionable data-quality metrics**
- **Merge processing in CHCS is critical to support the AHLTA Clinical Data Repository (CDR)**
- **Frequent causes for Duplicate Patients in CHCS:**
 - Newborns
 - Typographical and/or Transcription Errors (Can't read handwritten registration form)
 - Name & Sponsor Changes
 - Pseudo-SSNs (John Doe Registrations)
 - Mail-In Labs (Creates Pseudo Patient Name)
 - Lack of Dual Eligibility Patient Indicator in DEERS/CHCS
- **CHCS Potential Duplicate Patient Search identifies potential duplicates for DQMC Review List Item C.2.**
- **CHCS User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Items a) to d)**
- **Dedicated MTF POC needed to investigate duplicates and perform patient merges on CHCS**
- **MHS Trouble Ticket then required to process duplicate patients in AHLTA**



- **Patient Registration SOP (See Back-Up Materials)**



Risk and Prevention

■ **Potential Risk to Patient Safety!**

- CHCS cannot perform Drug-Allergy checks across duplicate records
- PDTS may miss critical Drug-Drug checks
- Important clinical history may not readily visible in CHCS, DoD/VA SHARE and AHLTA
- Implications for Orders entered in AHLTA – Appears to the Provider as “Orders NOT Writing Back to CHCS”

■ **Train Patient Look-Up Processes:**

- CAC Card Look-Up (Bar Code Scanner)
- Verify against Military ID Card/CAC Card
- First Initial of Last Name + Last 4 Sponsor SSN -> C1234
- Partial Name -> COLON,C
- Last Name+Last 4 (Excellent for Validating Unit Rosters)
- Full Patient SSN -> 123-44-1234
- Hyphenated Last Names (No Hyphen)



Enrollment Processing

- **Interface between CHCS/DEERS supports TRICARE Managed Care Enrollments**
- **When key data elements or Sponsor data does not match between CHCS/DEERS, an error will result**
- **Data errors impact successful updates:**
 - New Enrollments
 - Enrollment Transfers
 - Family Member Enrollments
- **MTFs are not credited with the enrollment if there is an enrollment error**
- **Data errors may result in delays in Consult/Referrals to Network Providers**
- **See TRICARE Ops Center for Enrollment Errors at your MTF: <http://mytoc.tma.osd.mil/#>**



NED Error Reporting

NED Discrepancy Report

Report Run Date:

7-May-08

Parent DMIS	Child DMIS	Facility Name	BOS	HSR	HSSC Region	Count
6992		ACTIVE DUTY NAVY	Navy	0	Overseas	8,766
	6311	OP FORCES-NH CAMP LEJEUNE	Navy	2	Overseas	7,769
108		WILLIAM BEAUMONT AMC-FT. BLISS	Army	7	West	4,005
	1617	TMC MED EXAM-FT. BLISS	Army	7	West	2,915
67		NNMC BETHESDA	Navy	1	North	2,579
306		NHC ANNAPOLIS	Navy	1	North	1,956
	525	NBHC BANCROFT HALL	Navy	1	North	1,835
89		WOMACK AMC-FT. BRAGG	Army	2	North	1,804
639		35th MED GRP MISAWA	Air Force	14	Overseas	1,650

- Status is improving (Feb 08 - May 08)
- Business Plan Goal to continue to reduce errors
- Evaluating Contractor options



Other Health Insurance

- **DEERS interfaces with CHCS to enter and update Other Health Insurance (OHI):**
 - CHCS can query DEERS for OHI entered by other MTFs
 - Used to bill for both Inpatient and Outpatient services
 - Primary, Secondary and Tertiary benefit coverage
 - New and Updated Demographics and OHI sent to TPOCS daily
 - OHI cannot be entered for Active Duty and Civilian Patient Categories
- **Every Clinic - Every Day!**
 - **Transfer the DD2569s to the UBO! (Snail Mail, Fax or Scan)**
 - Entry/Validation of OHI in CHCS within 3 calendar days necessary to prevent manual back-billing or erroneous billing



MSA/TPOCS Billing




MANUAL RE-WORK

**If OHI is for DD7A
Billable
Beneficiary,
Exclude DD7A
Charges in MSA**



**Enter/Update OHI
in CHCS->DEERS**

A photograph showing two women in an office. One woman, wearing a dark blazer, is seated at a desk and pointing at a computer monitor. The other woman, wearing a light blue blazer, is standing next to her, looking at the screen. The desk has a CRT monitor, a keyboard, and some papers. In the background, there are framed pictures on the wall and a bulletin board.[illegible]

Encounters Completed AFTER 3 Business Days Will Still Be Sent to Billing - If OHI is on File



Visit Criteria ???

- **MEPRS Workload Reporting guidelines establish the definition for:**
 - "Count" Visits
 - "Non-Count" Visits

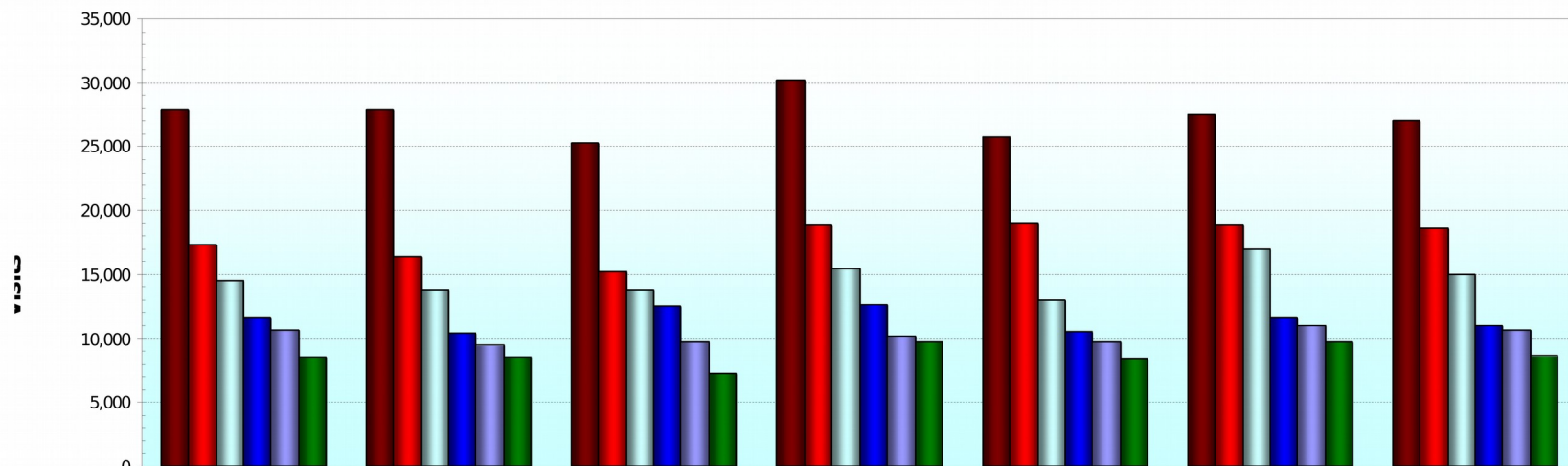
- **A "COUNT" VISIT requires 3 Key Elements to = Workload:**
 1. Interaction between patient and healthcare provider
 2. Independent judgment/assessment of patients condition, to accomplish one or more of the following:
 - Examination
 - Diagnosis
 - Counseling
 - Treatment
 3. Documentation

Focus Shifting from Counting "Visits" to Measuring Work/Services Provided



MTF Workload Comparison

Family Medicine (BGA*) Comparison (FY 07)
(MEPRS Cost Visit - Workload Flag "COUNT")

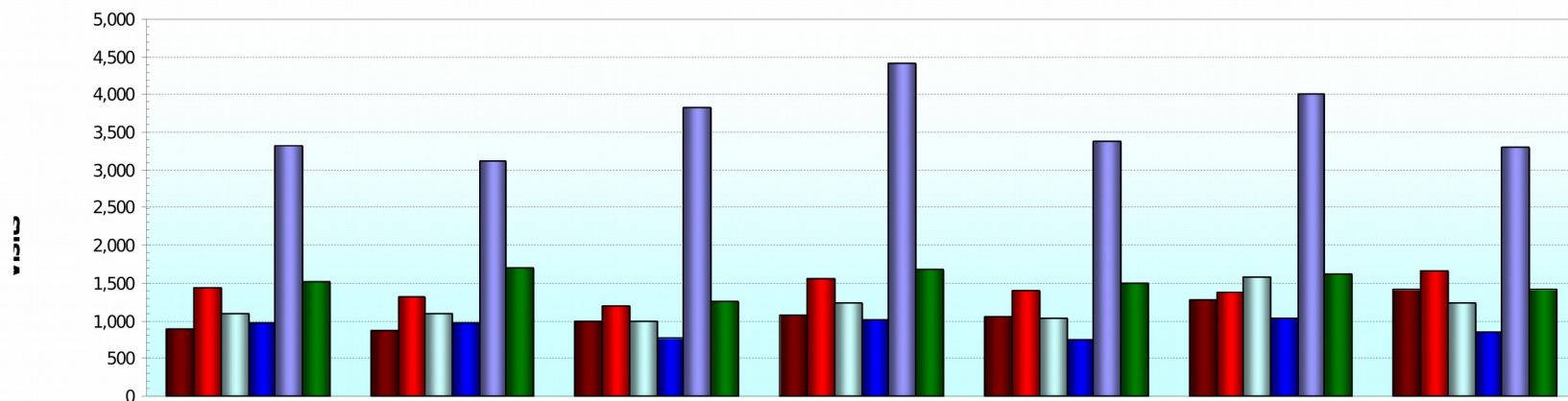


Source: MEWACS http://www.tricare.mil/ebc/rm_home/meprs/mol3/



MTF Workload Comparison

Optometry (BHC*) Comparison (FY 07)
(MEPRS Cost Visit - Workload Flag "COUNT")



	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07
■ Wornack AMC - 0089	882	866	983	1,069	1,043	1,280	1,419
■ Darnall ACH - 0110	1,431	1,315	1,194	1,568	1,404	1,380	1,666
■ Dewitt ACH - 0123	1,098	1,091	997	1,239	1,036	1,572	1,239
■ Eisenhower AMC - 0047	980	964	763	1,017	744	1,029	846
■ Martin ACH - 0048	3,310	3,119	3,823	4,405	3,388	4,010	3,298
■ Blanchfield ACH - 0060	1,511	1,699	1,252	1,671	1,489	1,626	1,418



Workload Assignment

■ Workload Capture Elements:

- **DMIS ID Group Parent**
- **Treating MTF DMIS ID**
- **4th Level MEPRS Code (FCC):**
 - Inpatient – “A” Level FCCs (Admissions/Dispositions and Occupied Bed Days)
 - Outpatient – “B” Level FCCs and FBN* (Dental – “C” Level FCCs)
 - Ancillary – “D” Level FCCs
 - Special Programs – “F” Level FCCs (FBN* Hearing Conservation)
- **Clinic Type (Only COUNT Visits are reported as Workload):**
 - World-Wide Workload Report
 - WAM/EAS ->MEWACS
- **Patient Category (Rolls up to Beneficiary Category)**
- **Patient Status (Inpatient/Outpatient)**
- **Appt Status (KEPT, S-CALL, WALK-IN or T-CON)**
 - Occ-Svc, Admin, Cancels and No-Shows not reported as Workload
- **Requesting/Performing Location (Ancillary Services)**



Monthly Clinic Statistics

- **CHCS Monthly Clinic Statistical Report (MSR) provides Visit Accountability:**
 - Hospital Location
 - 4th Level FCC
 - Provider
 - Patient Category
 - Inpatient/Outpatient Visits
 - Count/Non-Count Visits
 - Appointment Type
 - Division Summary
- **Can be run for specified Date Range**





MSR Outpatient Visits

WOMACK ARMY MEDICAL CENTER

05 Feb 2008@1348

Page 684

MONTHLY STATISTICAL REPORT by GROUP

From: Jan 2008

To: Jan 2008

MEPRS/DMIS		COUNT WORKLOAD			NON-COUNT WORKLOAD		
Code	Description	# In	# Out	Total	# In	# Out	Total

DIVISION SUMMARY

Division: CLARK HEALTH CLINIC

BAAI/7294	INTERNAL MED - CLARK	0	124	124	0	6	6
BDAI/7294	PEDIATRICS - CLARK	0	592	592	2	5	7
BEDI/7294	CHIROPRACTIC - CLARK	0	343	343	0	0	0
BFBI/7294	PSYCHOLOGY - CLARK	0	52	52	0	0	0
BGAI/7294	CLARK HEALTH CLINIC	8	10577	10585	1	670	671
BHCI/7294	OPTOMETRY - CLARK	1	275	276	0	148	148
BHDI/7294	AUDIOLOGY - CLARK	0	12	12	0	0	0
BJAI/7294	FLIGHT MEDICINE - CLAR	0	43	43	0	63	63
FBNI/7294	CLARK - HEARING CONSER	0	456	456	0	0	0
Division Total:		9	12474	12483	3	892	895

- Includes both COUNT and NON-COUNT Visits
- BOTH COUNT and NON-COUNT Visits included in the Standard Ambulatory Data Record (SADR)
- Excellent tool for Visit Workload and Provider Time Reporting Reconciliation



Worldwide Workload

CLARK HEALTH CLINIC
DMIS ID: 7294 (Roll-up Report)

WORLDWIDE WORKLOAD REPORT - SECTION I.A.2

06 Feb 2008 0704 Page 70

Reporting Period: Jan 2008

Calculated: 05 Feb 2008 1719

TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS

TYPE OF REPORT (CHECK BOX): ☐Initial ☒Monthly ☐Final ☐Corrected

Item 00 = Basic

Item 01 = Live Birth

Item	MEPRS/DMIS PATCAT	Clinic Service	Admissions	Bed Days	Sick Days	Inpatient Visits	Outpatient Visits	Ambulatory** Proc Visits
	BGAI/7294	CLARK HEALTH CLINIC	-	-	-	[8]	[10540]	-
	A00	USA DECEASED SPONSOR	-	-	-	-	1	-
	A11	USA ACTIVE DUTY	-	-	-	3	4167	-
	A12	USA AD RES	-	-	-	-	50	-
	A15	USA NATIONAL GUARD	-	-	-	-	8	-
	A22	USA RES INACT DUTY TRG	-	-	-	-	2	-
	A25	USA FAM MBR FAD-TRANS ASSIST A	-	-	-	-	1	-
	A31	USA RET LOS	-	-	-	1	558	-
	A32	USA RET PDRL	-	-	-	-	14	-
	A41	USA FAM MBR AD	-	-	-	3	4477	-
	A43	USA FAM MBR RET	-	-	-	-	712	-
	A45	USA FAM MBR DECEASED AD	-	-	-	1	31	-
	A47	USA FAM MBR DECEASED RETIRED	-	-	-	-	202	-
	A48	USA UNREMARIED FRM SPOUSE	-	-	-	-	37	-
	R72	NATO RECIP AGREE	-	-	-	-	1	-
	R73	NATO RECIP AGREE - FAM MBR	-	-	-	-	2	-

*Fourth level MEPRS Codes are not standardized above the MTF level. Comparisons of fourth level data between MTFs are not valid.

**Ambulatory Procedure Visits are INCLUDED in the Outpatient Visits Columns by B Level MEPRS Code, as of CHCS Version 4.5.

Ambulatory Procedure Visits are included in item code 14 in the Worldwide Workload Report ASCII file, as of CHCS Version 4.6.

Includes ONLY COUNT Visits



WAM Outpatient Visits

UIC: W2L6AA CLARK HEALTH CLINIC
DMIS ID: 7294

06 Feb 2008 0703

Page: 23

DATA SET WORKLOAD REPORT
Month: Jan Year: 2008

(Last Data Gen 02/05/08@1701)

DATA SET	Perform FCC/DMIS	Request FCC	DMIS ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
OUT	OUTPATIENT VISITS													
		BAAI/7294			3	55	28	38	0	0	124	0.00	0	0.00
		BDAI/7294			0	590	0	2	0	0	592	0.00	0	0.00
		BEDI/7294			343	0	0	0	0	0	343	0.00	0	0.00
		BFB I/7294			4	48	0	0	0	0	52	0.00	0	0.00
		BGAI/7294			4237	4507	674	1069	53	0	10540	0.00	0	0.00
		BHCI/7294			265	10	0	0	0	0	275	0.00	0	0.00
		BHDI/7294			9	2	0	1	0	0	12	0.00	0	0.00
		BJAI/7294			43	0	0	0	0	0	43	0.00	0	0.00
		FBNI/7294			453	1	1	1	0	0	456	0.00	0	0.00
Totals:					5357	5213	703	1111	53	0	12437	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

- Includes only COUNT Visits
- Patient Category is use to Roll Up to Beneficiary Category
- Visit data sent to EAS using the CHCS Workload Assignment Module (WAM) Interface



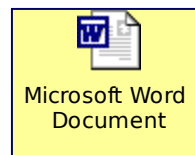
Reconciling Clinic Visits

- **End of Day-> “Every Clinic - Every Day”:**
 - Evening Clinics and ER -> Next morning
 - Clinics must check AHLTA Appointment List to account for all Visits
 - Then check CHCS End of Day, to account for all Visits
- **Process Cancels and No-Shows - As they occur:**
 - CHCS Cancel by Patient (^CBP) option allows appointment to be re-used
 - AHLTA entered Cancels after the Date/Time of Appointment update CHCS as Facility Cancellations
- **Duplicate Same Day/Same Clinic Visits:**
 - Patient seen in AM returns in the PM is a single visit
 - Patient seen by Nurse/Tech and the Provider (Same day/Same Clinic) is also a single visit
 - Join Option in CHCS requires Appointments to be adjoining
- **CHCS Tools You Can Use:**
 - CHCS PAS End of Day Report
 - CHCS Ad-Hoc



Same Day/Same Clinic Visits

- **CHCS Ad-Hoc report to identify Same Day/Same Clinic Appointments**
- **Generates an ASCII File for import into Excel**
- **See your CHCS Administrator, to import the Ad-Hoc query and create CHCS Menu Option**
- **CHCS System Administrator Instructions:**
 - Convert to Text File before Import
 - Set any CHCS Internal Entry Numbers (IENs) for Hospital Locations to be excluded



Thank you to our WAMC DBA John Rehder for his DQ support 44



AHLTA Visit Reconciliation

COLON, CHARLENE C: Military Clinical Desktop - Appointments (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Refresh Open Appt New Appt Print Appts View Comments Cancel Transfer Providers Check-In Check-Out Ins. Form Undo Cancel Close

<No Patient Selected>

Folder List

- Desktop
 - Notifications
 - Appointments
 - Telephone Consults
 - Search
 - New Results
 - Co-signs
 - Consult Log
 - Patient List
 - CHCS-I
 - Reports
 - Tools
 - Web Browser

Change Selections ... Appointments for CANNON, MARJORY E in WARRIOR TRANSITION CLINIC (BHAM) for 07 May 2008 Any Status.

Appt. Date/Time	Status	Reason for Visit	Type	Classification	Encounter	Appt IEN	Appt ID
07 May 2008 0740	Complete	med refill	OPEN ACCESS APPT	Outpatient		17850243	204047079
07 May 2008 0800	Complete	insomnia	OPEN ACCESS APPT	Outpatient	CDR-32231867	17847686	203983366
07 May 2008 0820	Updated	med refill	OPEN ACCESS APPT	Outpatient		17849974	204041523
07 May 2008 0828	Complete	bp check	ACUTE APPT	Outpatient		17852404	204119951
07 May 2008 0840	CheckedIn	End case	OPEN ACCESS APPT	Outpatient		17847804	203987047
07 May 2008 0900	FACILITY CANCELLED	INITIAL NEED FULL HOUR	ESTABLISHED/FOLLOW UP APPT	Outpatient		17806850	202845306
07 May 2008 0900	FACILITY CANCELLED	Initial Exam	ESTABLISHED/FOLLOW UP APPT	Outpatient		17816493	203109247
07 May 2008 0900	Complete	Initial Exam	ESTABLISHED/FOLLOW UP APPT	Outpatient	CDR-32243323	17817595	203128383
07 May 2008 0946	Complete	initial need full hour	INITIAL SPECIALTY CARE APPT	Outpatient	CDR-32284371	17853197	204139269
07 May 2008 1000	FACILITY CANCELLED	initial	ESTABLISHED/FOLLOW UP APPT	Outpatient		17809364	202911424
07 May 2008 1100	FACILITY CANCELLED	f/u MRI results	ESTABLISHED/FOLLOW UP APPT	Outpatient		17737485	200831610
07 May 2008 1100	Complete	pelvic pain	ROUTINE APPT	Outpatient		17850325	204048547
07 May 2008 1102	Complete	final disposition	ROUTINE APPT	Outpatient		17853874	204157855
07 May 2008 1130	FACILITY CANCELLED	final disposition	ESTABLISHED/FOLLOW UP APPT	Outpatient		17749601	201189615
07 May 2008 1200	Complete	knee pain	OPEN ACCESS APPT	Outpatient		17849958	204041353
07 May 2008 1600	Complete	initial need full hour	ESTABLISHED/FOLLOW UP APPT	Outpatient		17846324	203951319
07 May 2008 1700	Complete	med refill	ESTABLISHED/FOLLOW UP APPT	Outpatient		17850280	204047738

0740	WC	/	95	OPAC	CANNON, MARJ	07 May 08	BHAM	Kept
0800	DE	/	06	OPAC	CANNON, MARJ	07 May 08	BHAM	Kept
0820	GR	/	19	OPAC	CANNON, MARJ	07 May 08	BHAM	Kept
0828	AL	/	77	ACUT	CANNON, MARJ	07 May 08	BHAM	Walk-In
0840	FA	/	22	OPAC	CANNON, MARJ	07 May 08	BHAM	No-Show
0900	FI	/	15	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
0900	AN	/	46	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
0900	TA	/	01	EST	CANNON, MARJ	07 May 08	BHAM	Kept
+ 0946	SH	/	04	SPEC	CANNON, MARJ	07 May 08	BHAM	Walk-In
1000	SH	/	04	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
1000	SH	/	04	EST	CANNON, MARJ	07 May 08	BHAM	Kept
1100	GC	/	52	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
1100	GR	/	75	ROUT	CANNON, MARJ	07 May 08	BHAM	Kept
1102	BR	/	16	ROUT	CANNON, MARJ	07 May 08	BHAM	Walk-In
1130	BR	/	16	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
1130	BR	/	16	EST	CANNON, MARJ	07 May 08	BHAM	Cancel-F
1200	NE	/	96	OPAC	CANNON, MARJ	07 May 08	BHAM	Kept
+ 1429	PH	/	39	T-CON*	CANNON, MARJ	07 May 08	BHAM	Tel-Con
1600	AN	/	46	EST	CANNON, MARJ	07 May 08	BHAM	Kept
1700	DC	/	81	EST	CANNON, MARJ	07 May 08	BHAM	Kept

CHCS
End of Day



AHLTA/ADM Reconciliation

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File Edit View Go Tools Actions Help

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Modify Selected Encounters for Provider: CANNON, MARJORY E

Patient Name	Clinic	Appt Date	Type	Status	CkIn	Enctr
B1	MHO	07 May 2008@1130	EST	CANCEL		COMPL
B1	MHO	07 May 2008@1130	EST	CANCEL		COMPL
G1	MHO	07 May 2008@1100	EST	CANCEL		COMPL
S1	MHO	07 May 2008@1000	EST	CANCEL		COMPL
S1	MHO	07 May 2008@0946	SPEC	WALK-IN		COMPL
F1	MHO	07 May 2008@0900	EST	CANCEL		COMPL
A1	MHO	07 May 2008@0900	EST	CANCEL		COMPL
T1	MHO	07 May 2008@0900	EST	KEPT		COMPL
P1	MHO	07 May 2008@0840	OPAC	NO-SHOW		COMPL
D1	MHO	07 May 2008@0800	OPAC	KEPT		COMPL

**ADM
Modify Patient
By Provider
Option**



Time to Break...





Days of Week:

Are you from the attending service? No//

- 48



AHLTA Inpatient Visits

New Unscheduled Appointment/Telcon Visit

SUGARMAN, REGINOLD T 20/575-34-2160 10 Oct 1925 Change Patient ...

Home Phone:(123)6544444 Work Phone:
Patient found as InPatient(MEPRS Code:AAA)

Date & Time Assigned Clinic Provider
06 Feb 2006 1523 CHCSII Test Clinic(HC2T) USER, TEST

Appointment Type
ACUTE APPT (ACUT) 30
ESTABLISHED/FOLLOW UP APPT (EST) 60
PROCEDURE APPT (PROC) 60
ROUTINE (ROUT) 15
TELEPHONE CONSULTS (TCN) 10
WELLNESS/HEALTH PROMOTION APPT (WELL) 30

Appointment Classification
☐ Outpatient
☒ Inpatient

Observation
☐ Observation

Meets Outpt Visit Criteria (Workload)?
☒ Yes
☐ No ?

USV Type
☒ Walk-In ☐ Sick Call

Related to Inpatient Stay?
☐ Related to Inpatient Stay?
☐ Related to Injury/Accident?

Leave Blank

Related to Inpatient Stay?
Is the care for this visit being delivered under the same clinical specialty to which the patient was admitted (i.e. is the outpatient visit associated with the inpatient stay)?

- AHLTA entered Walk-Ins for a Consulting Provider
- AHLTA will sometimes indicate the patient is an inpatient, even though the patient is not currently admitted, if AHLTA does not receive the CHCS Disposition Update. MHS Trouble Ticket recommended to remove Inpt Flag
- Click NO to ensure that encounter is assigned to a "B" Level FCC of the Consulting Provider**

Click NO



Inpatient Admissions

- **CHCS is the source system for Inpatient Admissions, Transfers and Dispositions:**
 - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
 - Day of Admission is always equal to an OBD, even if the Admission is less than 24 Hours, unless the patient is a Transfer In and Out the same day
 - Day of Discharge is not counted as an OBD
 - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
 - Current Attending Provider and Clinical Service used to create Inpatient Professional Services Record (IPSR RNDs*) in CHCS Ambulatory Data Module (ADM)
- **Correction Management allows corrections to:**
 - Inpatient Clinical Service, OBDs and Admission-Disposition Date/Time
 - Inpatient Patient Category used for Workload and Billing
 - Recalculates OBDs for Inpatient workload reporting and MSA billed charges
 - Does not support corrections to Ancillary Requesting Locations
- **Inpatient Coding:**
 - ICD-9 Codes used to capture both Diagnosis and Inpatient Procedures
 - NATO STANAG (2050) for Cause of Injury Coding
 - Diagnosis Related Grouping (Inpatient CCE - DRG Grouping)



Corrections Management

Patient: BXXXX,XXXXXX							VIEW ADT	
FMP/SSN: 20/XXX-XX-XX22			DOB: XXFebXX		PATCAT: A31		Sex: M	
=====								
TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS	
ADM	14Aug07	2030	AAAA	AAHA	ICU2W	3	Reg# 1306883 (T) ERA	
WRD	17Aug07	1316	AAAA	AAAA	4SMED	3	Interward transfer	
DSP	20Aug07	1340					Disp type: HOME	
							Bed days=6	
							Sick days=6	

- **Corrections Management ONLY supports Inpatient data:**
 - Patient correctly admitted to AAAA with the system transfer to an ICU (AAHA) Location
 - AAAA is the Referring MEPRS (R-MEPRS) for OBDS
 - SIDR and WWR will contain OBDs for "A" Level ICU FCCs, however WAM/EAS will include these OBDs within the R-MEPRS



Inpatient Data

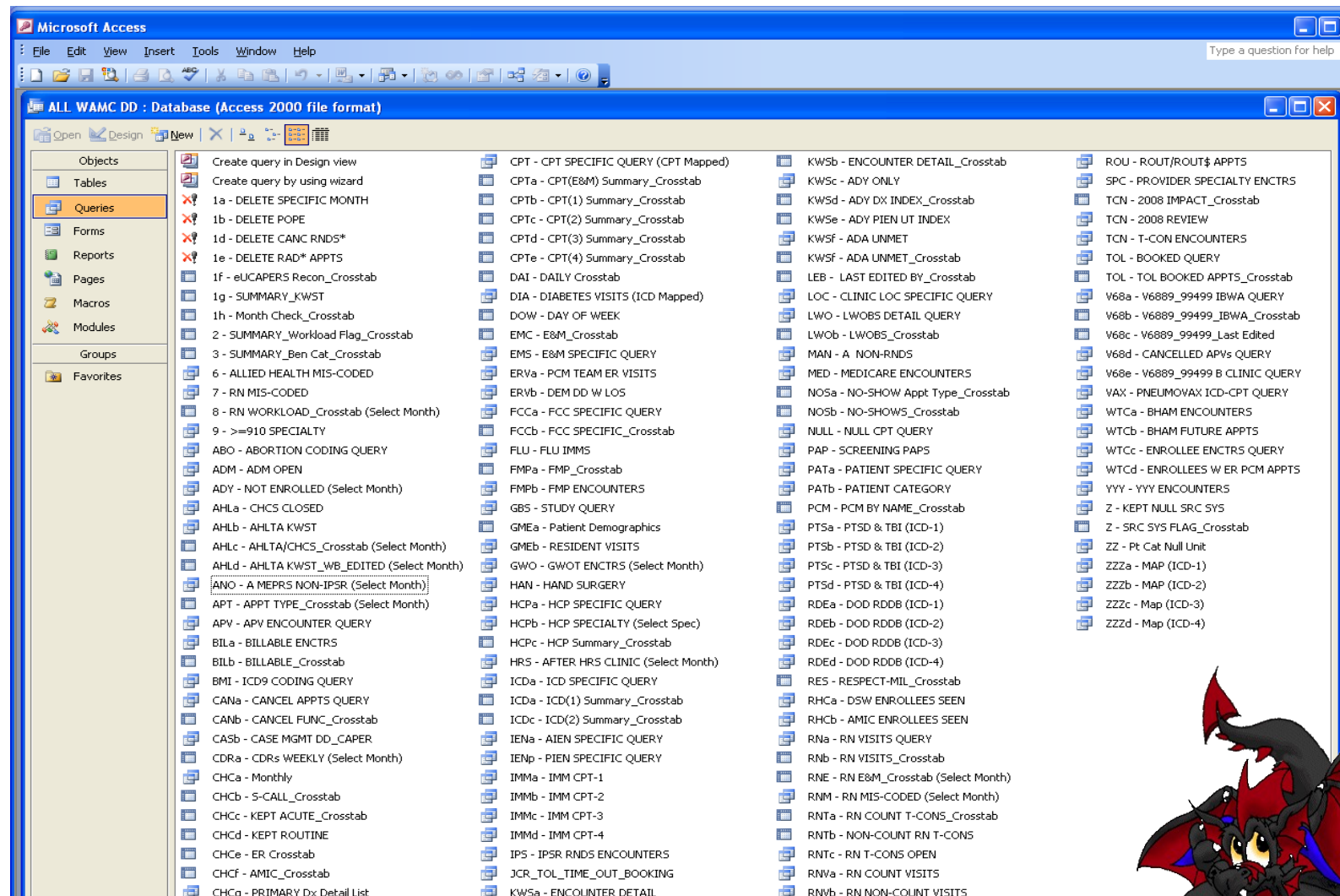
- **Inpatient data is reported in Standard Inpatient Data Record (SIDR).**
- **The SIDR is an ASCII file transmission of patient level Inpatient data, generated monthly by CHCS:**
 - Army MTFs also create in interim monthly SIDR - “D” Records Only
 - “D” Records contain a Final Assigned DRG
- **Key SIDR data elements include:**
 - Treatment MTF DMIS ID
 - Admission/Disposition Dates
 - Source of Admission/Type of Disposition
 - ICD-9-CM Diagnosis & Procedure Codes
 - Assigned DRG and Weight
 - Patient Demographics (including Patient Category and Enrollment)
 - Age at Admission
 - Occupied Bed Days per Clinical Specialty (4th Level FCC)
 - Intensive Care Unit (ICU) Days
 - MEPRS Code of the Referring Clinical Specialty for ICU Care



See Notes view for SIDR Record Status Flags



Information Overload???





DQ Process Area Review

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification

Clinical (CHCS/ADM & AHLTA)

7. Clinic & Provider Profiles (Specialties & Workload Flags)
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)
15. Accurate data to study Access to Care, Quality Improvements, Business Planning and Market Share Analysis

11. Ancillary Order

6 **Be Prepared for the "Duration"... Data Quality is not at One-Time Effort...**

Locations



DQ - Where to Start ??

1. Training - Attend CHCS Training offered at your MTF - If none are offered, explore options:

- MedLearn
- NMC Portsmouth for CHCS Nuggets and AHLTA SOPs
- PASBA Coding VTC (Click on Coding->Coding VTC)

2. Coordinate with Provider/Nursing Champion and IMD to establish a CHCS/AHLTA Users Forum

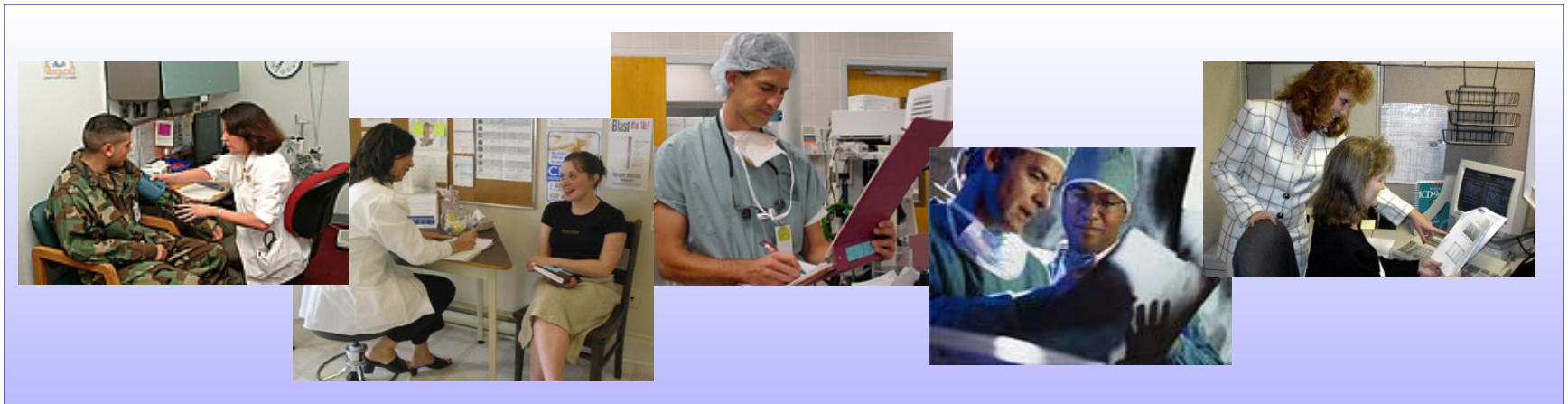
3. Understand your MTF Business Processes:

- Provider In/Out-Processing
- CHCS/AHLTA Support and Training Team
- Coding Support and Provider Feedback
- Business Plan Targets
- Special Programs - New Initiatives
- MTF unique systems and Ad-Hoc reports
- MTF staff responsible for key DQ processes



It Takes a Team!

- 1. Workload and Coding Compliance Review/Audit**
- 2. Interface Error Management - Data Reconciliation**
- 3. Data Needed for Operational Assessments and DQMC Review**
- 4. Training, User Feedback and Staff Assist Visits**





Questions??



